

## South Dakota Arts Council

711 E. Wells Avenue  
Pierre, SD 57501-3369  
(605) 773-3301 or 1-800-952-3625  
E-mail: [sdac@state.sd.us](mailto:sdac@state.sd.us)  
Website: [www.sdarts.org](http://www.sdarts.org)

## South Dakota Arts Council Grant Evaluation Form

**Grant Recipient** (Please type in box)

**Address**

**City/ State**

**Zip**

**County**

**Telephone Number**

**E-mail Address**

**Contact Person**

**Daytime Phone**

**Evening/Message Phone**

**Type of Grant:**

(Check only one box.)

- |   |  |
|---|--|
| <input type="checkbox"/> Artist Grant               | <input type="checkbox"/> Professional Development          |
| <input type="checkbox"/> Artist Collaboration Grant | <input type="checkbox"/> Project Grant                     |
| <input type="checkbox"/> Arts Challenge Grant       | <input type="checkbox"/> SDAC Initiative                   |
| <input type="checkbox"/> Excursion Fund             | <input type="checkbox"/> Small Organization Season Support |
| <input type="checkbox"/> Importation of Musicians   | <input type="checkbox"/> Statewide Services Grant          |
| <input type="checkbox"/> Performing Arts Bank       | <input type="checkbox"/> Technical Assistance Grant        |

**Project Period:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Project Event Dates:** \_\_\_\_\_

**SDAC Grant Award:** \_\_\_\_\_

**Number of Events:** \_\_\_\_\_

**Number of Individuals Benefiting** \_\_\_\_\_

**Number of children & youth benefiting:** \_\_\_\_\_

**Number of Artists benefiting:** \_\_\_\_\_

**Evaluate the Project** using this scale: 1= Poor;  
2= Fair; 3 = Satisfactory; 4 = Good; 5 = Excellent

|       |  |
|-------|--|
| _____ | <b>Artistic quality of project</b>         |
| _____ | <b>Audience response</b>                   |
| _____ | <b>Community involvement</b>               |
| _____ | <b>Local media coverage</b>                |
| _____ | <b>Local coordination</b>                  |
| _____ | <b>Local marketing/publicity/promotion</b> |

**Project Summary:**

**Agreement:** I certify that the information on both pages of this form is true and correct and that all expenditures were incurred for the purpose of the SDAC Grant. I agree that our records of income and expense will be kept on file for a minimum of 3 years in suitable form to facilitate auditing.

**Authorizing Official (Signature and Title)**

**Date**

**Address**

**City/State/Zip**

**Telephone**

Updated 1/2008

## FINANCIAL BUDGET

Please round all numbers to the nearest dollar.

| EXPENSES                                   | CASH EXPENSES | IN-KIND CONTRIBUTIONS |
|--|---------------|-----------------------|
| <b>A. Personnel</b>                        |               |                       |
| Administrative (# of positions )           |               |                       |
| Artistic (# of positions )                 |               |                       |
| Outside Artistic Fees & Services           |               |                       |
| Other Outside Fees & Services              |               |                       |
| <b>B. Space Rental</b>                     |               |                       |
| <b>C. Travel</b> (Mileage, Lodging, Meals) |               |                       |
| <b>D. Marketing</b>                        |               |                       |
| <b>E. Remaining Operating Expenses</b>     |               |                       |
| _____                                      |               |                       |
| _____                                      |               |                       |
| _____                                      |               |                       |
| <b>F. Total Cash Expenses</b>              |               |                       |
| <b>G. Total In-Kind Contributions</b>      |               |                       |
| <b>H. Total Expenses</b>                   |               |                       |

| INCOME SOURCE   | INCOME \$ |
|---|-----------|
| <b>I. Admissions</b>  |           |
| <b>J. Revenue from Contracted Services</b>  |           |
| <b>K. Other Revenue (Please Specify)</b>  |           |
| _____   |           |
| _____   |           |
| _____   |           |
| <b>L. Cash Support</b>  |           |
| Corporate _____   |           |
| Foundation _____  |           |
| Other Private _____   |           |
| <b>M. Government Support</b>  |           |
| City/County _____   |           |
| Regional/State _____  |           |
| Federal _____   |           |
| <b>Other SDAC Grants*</b> _____   |           |
| *(Do Not include Line P amount in this number)  |           |
| <b>N. Applicant Cash</b> (See Glossary)   |           |
| <b>O. Total Cash Income</b>   |           |
| <b>P. Total SDAC Grant Amount for <u>this</u> Activity</b> (Including the final 10 %) |           |
| <b>Q. Total Cash Income</b>   |           |
| <b>R. Total In-Kind Contributions</b> (Same as Line G)                                |           |
| <b>S. Total All Income</b>  |           |